



Jeremiah W. (Jay) Nixon

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Serial Number:	MP2133				
Manufacturer:	Guth				
Model Number:	12V500				
	CALIBRATION RESULTS				
	Tem	ference perature 34.00	Simulator Temperature 33.99		
This calibration was NIST-Traceable The	4	307715			
This simulator was tested by:		JLC			
This testing was perf	ormed:	06/03/201	.5		
Signature of certifying	ng DHSS Scientist:	ß.	In		
Name of certifying I	OHSS Scientist:	Brian M.	Lutmer		

Missouri State Highway Patrol

Agency:



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Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone; 673-751-6400 FAX: 5/3-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2460



Jeremiah W. (Jay) Nixon Governor

Gail Vasterling Director

Missouri Department of Health and Senior Services Breath Alcohol Program

BREATH ALCOHOL SIMULATOR TEST WORKSHEET

Test Simulator Inform	<u>nation</u>	,					
Agency	MSHP						
Email for COC	jimmy.cleveland@mshp.dps.mo.gov						
Serial Number:	MP2133						
Tracking Number:							
Manufacturer:	GUTH .						
Model Number:	121500						
BAP NIST-Traceable	Reference The	ermometer Informa	ation				
Serial Number:	307715						
Date of Certification:	8/19/14						
Date of Expiration:	8/19/15						
Test Simulator Measurements							
	·	Reference]			
	Readings	Thermometer	Test Simulator				
	<u> </u>	34.00	33,99	,			
	2	34.00	33,99				
	3	34.00	33,99				
	4	34.PB	33,99				
	5	34.00	33,97				
Bias (δ _τ):	_	<u>øl</u>					
Technician performing testing: Jimmy L. Cleveland							
hereby certify that all data's of Breath Alcohol Simulators	ubmitted within the and 19 GSR 25-3	nis form was collected in	accordance with the DHS Calibration and Accuracy	S <u>Procedure for the Testing</u> Verification S <u>tandards.</u>			
Signature	Class		Date: 6/3/15	• •			
Submit completed forms for s	imulator certifica. <u>brian,lutmer(wh</u>	tion to DHSS Breath Alc <u>ealth,mo.gov</u> or <u>\reathal</u>	ohol Program by fax at (5) cohol@health.mo.gav.	13) 840-9139 or by email at			

www.healtli.mo.gov